

THE CHILDREN'S HOSPITAL MEDICAL CENTER

ITS GOAL:

CHILD HEALTH*

PATHS:

PATIENT CARE

PROFESSIONAL TRAINING

SCIENTIFIC KNOWLEDGE

PARENT EDUCATION

MEANS:

PEDIATRICS

SURGERY

ORTHOPEDECS

NEUROSURGERY

PSYCHIATRY

NEUROLOGY

PATHOLOGY

RADIOLOGY

SUPPORT:

GOOD MANAGEMENT

LEADERSHIP AND DIRECTION

ORGANIZATION AND ACTION

PLUS ENOUGH MONEY

*Through creation and operation of services to infants, children, and adolescents.

THE 1961 ANNUAL REPORT

THE CHILDREN'S HOSPITAL MEDICAL CENTER

comprising:

The Children's Hospital

Infants' Hospital

The House of the Good Samaritan

Sarah Fuller Foundation for Little Deaf Children

Sharon Sanatorium

The Hospital and Convalescent Home for Children

Charitable Surgical Appliance Shop

and affiliates:

Children's Cancer Research Foundation, Inc.

Judge Baker Guidance Center

Children's Mission to Children

300 LONGWOOD AVENUE, BOSTON 15

OF THE CHILDREN'S HOSPITAL MEDICAL CENTER



THE CHILDREN'S HOSPITAL MEDICAL CENTER

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THE CHILDREN'S HOSPITAL MEDICAL CENTER

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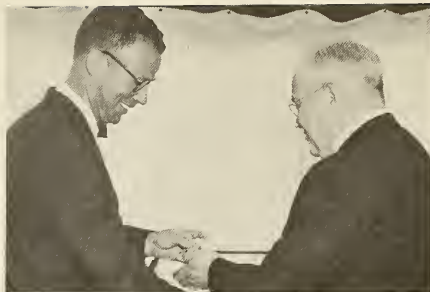
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Mr. Wolbach, with Mr. F. R. Harding, Director,
Visual Education.

PRESIDENT'S MESSAGE

Many of us have heard physicians remark that their ultimate objective is to work themselves out of business. While the intensive search for new knowledge would suggest that the day when they do so is still far distant, the saying has real substance at The Children's Hospital Medical Center. It long has operated on the sound pediatric principle that a hospital is not the best place for children and thus their hospitalization should be avoided as much as possible. It is being avoided with increasing success, as we may note from the longtime trend in this Hospital away from bed patient care and toward clinic, or out-patient, services. The Salk and Sabin polio vaccines, made possible by basic research done in Dr. John Enders' laboratory, furnish a dramatic example of success in keeping children out of the hospital. Still another example is in the making: I am informed that the measles vaccine developed by Dr. Enders and his associates may be licensed for general use within the near future, perhaps by the time this annual report is in circulation.

While we are still a long, long way from putting ourselves out of business as an in-patient hospital, we have felt the pinch of working against the equally sound business principle that the most profitable house is one full of paid admissions. It would seem that the more we succeed, the worse we are off—financially. This is a paradox that all presidents of pediatric hospitals must ponder and find ways of offsetting, through services to more children and through forms of support other than patient revenues.

Speaking wholly from the fiscal viewpoint, I think that the best we can say about the year 1961 is that it's behind us. In that year, as the Treasurer's Report makes bluntly clear, the Hospital achieved the highest deficit in its history and for the first time we had to sell securities to make up the net loss. We now have reason to believe that, as the result of administrative reorganization, specific economies, budgetary controls, and constructive planning—all of which should stimulate rather than retard the continued growth and development of the C. H. M. C.—we can use our million-dollar 1961 deficit as a bed-rock point of departure toward a promising future, fiscal as well as medical and scientific.

On the other hand, as we see from Mr. Williams' report as Acting Director, 1961 had a positive side in research advances made at the Hospital and, of course, as always, in the fruitful application of scientific knowledge in the care of children whose lives are in the balance. Here, as a pleasing offset to money questions, we find evidence that we have not stood still in a multi-fronted attack on the causes of childhood death and disability. The report reminds us that in some areas of highest financial loss we can show a high profit in the safeguarding of children's health.

Over all, we may say that our mission is the investment of venture capital in child health. With the coming of Dr. Leonard W. Cronkhite, Jr. as our new General Director, early in 1962, we find ample cause to anticipate achievement by 1963 of a more balanced effort. In the years leading up to our one hundredth anniversary, in 1969, we would seek—in nautical terms—the operation of a tight ship at hull speed.

WILLIAM W. WOLBACH, *President*

TREASURER'S REPORT



Mr. Forbes, with Mrs. William S. Febiger, Corporation Member.

A lower level of patient occupancy in 1961, plus increases in operating expenses, allowances and other deductions, resulted in the highest deficit in the history of the Hospital—\$645,594 before and \$1,078,062 after depreciation. The comparative loss figures for 1960, shown on the following page, were \$275,249 before and \$645,549 after depreciation.

The increase of \$370,000 in the deficit in 1961, compared to 1960, is accounted for by these changes:

Increase in operating salaries and expenses of general funds	\$502,000
Increase in allowances and other deductions	70,000
Decrease in other revenue	<u>8,000</u>
	\$580,000
Less: Increase in total patient revenue	\$176,000
Increase in other operating revenue	<u>34,000</u> <u>210,000</u>
Net loss before depreciation, increase	<u>\$370,000</u>

The increase in patient revenue reflects the expanded use of ancillary and clinic services, in spite of lower patient occupancy than 1960. However, the decrease in revenue from routine patient care, due to lower occupancy, was substantially offset by an increase in board rate of \$2.00 per day, effective April 15, 1961.

Comparative utilization of the Hospital is shown in the following operating statistics:

Fiscal Year	1961	1960
Patient days	88,327	93,024
Admissions	8,998	9,924
Average daily census	242	254
Per cent occupancy of 350 beds	68%	72%
Outpatient visits excluding psychiatry and physical therapy	89,100	85,115
Emergency visits included in outpatient visits	21,634	21,924
Ancillary services:		
Clinical laboratory tests	140,950	126,208
X-rays	81,378	78,248
Operations	5,374	5,616

On May 1, 1961, Infants' Hospital merged with The Children's Hospital Medical Center. As voted by the Board of Directors of the Infants' Hospital, the financial and statistical transactions of Infants' Hospital during the year have been consolidated with The Children's Hospital Medical Center retroactively to October 1, 1960. Accordingly, the income statement for the fiscal year ended September 30, 1961 does not reflect an allotment from Infants' Hospital; all revenue of Infants' Hospital for the current fiscal year is included in the respective revenue accounts of The Children's Hospital Medical Center.

F. Murray Forbes, Jr., *Treasurer*

THE CHILDREN'S HOSPITAL MEDICAL CENTER

Comparative Statement of Income for the Years Ended September 30, 1961 and 1960

	<u>Fiscal Year 1961</u>	<u>Fiscal Year 1960</u>
During the year we earned from:		
Inpatient routine care	\$2,429,211	\$2,440,349
Ancillary services	2,190,985	2,027,243
Clinic fees	<u>420,800</u>	<u>396,987</u>
Total patient revenue	\$5,040,996	\$4,864,579
But amounts not received because of rate losses, allowances and		
patients' inability to pay, were	<u>674,388</u>	<u>604,393</u>
Net Patient revenue	\$4,366,608	\$4,260,186
We spent or incurred salaries, supplies & expenses:		
For patient care	\$6,430,551	\$5,928,134
For research and education	<u>1,793,462</u>	<u>1,807,229</u>
Total	<u>\$8,224,013</u>	<u>\$7,735,363</u>
Less revenue from:		
Cafeteria, School of Nursing, other expense recoveries	\$ 395,259	\$ 361,107
Research and Education grants	<u>1,793,462</u>	<u>1,807,229</u>
	<u>\$2,188,721</u>	<u>\$2,168,336</u>
Net operating expense	<u>6,035,292</u>	<u>5,567,027</u>
Since patient revenue did not equal expense, the operating (LOSS) was	\$ (1,668,684)	\$ (1,306,841)
This operating loss was partially defrayed by income from:		
United Community Services	\$ 34,064	\$ 31,257
Committee of the Permanent Charity Fund	25,560	14,000
Investments and trust funds	798,658	715,611
Allotments from affiliates	<u>164,808</u>	<u>270,724</u>
Total other income	<u>1,023,090</u>	<u>1,031,592</u>
Net (LOSS) before depreciation	\$ (645,594)	\$ (275,249)
Depreciation:		
Building	\$293,389	\$247,073
Equipment	<u>139,079</u>	<u>432,468</u>
	<u>432,468</u>	<u>123,227</u>
Net (LOSS) for year ended September 30 charged to the General Fund	<u>\$ (1,078,062)</u>	<u>\$ (645,549)</u>

The statement of income for the year ended September 30, 1961 has been condensed from a report certified to by Arthur Andersen & Co.



Dr. Peter H. Wolff, Public Health Service Career Investigator at The Children's Hospital and Judge Baker Guidance Center, in response to the need for knowledge of how human emotions develop, is conducting a long-term study of the response of small infants to normal stimulation of various kinds. His is one of two major areas of basic research in the Psychiatry Department. The second is the research of Dr. Eric H. Lenneberg in the development of speech in normal, deaf, and retarded children, one goal being to shed light on a long-standing mystery—the human capacity to talk.

*Quotations from
A Quotable Staff*

"My primary responsibility is to take care of patients. But I have another responsibility: If I don't know and nobody else knows, I must find out."

"The research we do makes us what we are. Interest in a particular research problem attracts patients. Opportunities for research attract the staff that does the research that attracts patients."

"The best reason for new clinical research facilities is this: Children are still dying of diseases that we should be able to treat."

"Everybody else can do the ordinary; we have to do the extraordinary. If we can't do the extraordinary, we might as well get out of business."

"We have two kinds of deficits. One is seen in the balance sheet and the other in facilities for the staff to do its job."

"Where we go from here I do not know. You have to be a magician and pull a rabbit out of the hat every four or five years."

"A million things need investigation."

DIRECTOR'S REPORT

The Pursuit of Child Health

The goal of The Children's Hospital Medical Center, as the drawing on the cover illustrates, is the creation and operation of services that will improve child health. Essentially, we seek this goal over four paths, each constituting a broad area of service to the public: care of patients, training of pediatricians and allied professional and technical personnel, the scientific search for new knowledge, and parent education in protection of child health.

While the fundamental problem of an institution such as ours is the reduction of ill health and disability in children, it is the mortality of children which brings our efforts to final account, as a tragic marker of the end point in effective application of knowledge in the diagnosis, treatment, and prevention of childhood diseases.

Death, thanks to medical science and public health, is not a common feature of childhood in our day. As one example of this fact, The Children's Hospital admitted 9,000 patients in 1961 and of these only 350, or one in twenty-six, died. Nationally, of the 1,700,000 persons who died in 1961, only 168,000 were under twenty-five years old and, of these, 108,000 died within the first year of life. From his first birthday on to maturity, the chance of a child meeting death is less than one in 1,000 per year.

Using death rather than disability as a measure, it is easy to see that the greatest problems of research in childhood diseases lie in a series of attacks on the causes of death lumped together in national statistics as "certain diseases of early infancy," or more generally, as the "infant mortality rate." These include, most importantly, postnatal asphyxia, prematurity, congenital malformations, pneumonia and influenza, and birth injuries.

Beyond the first year of life, the leading cause of death for all age groups up to twenty-five is *accidents*, with motor-cars playing a minor role in the first five years but gradually moving to the fore and becoming the major cause between fifteen and twenty-four. Accident deaths total 25,000 a year for the age group one through twenty-four.

The next largest killers of children and youth are, in order, *cancer*, *congenital malformations*, and *pneumonia*, each taking from 4,000 to 6,000 persons a year.

Consistent with these facts and the further point that these causes are crippers as well as killers, The Children's Hospital Medical Center has highly developed interests in all these fields as well as in others of concern in child health.

The Child Health Division of the Department of Medicine, for instance, has completed a study of accident injury cases brought to the Medical Center in 1961. The investigation particularly focuses on the



Newborn nursery.

family and individual factors forming the background for injury in the one-to-six age group.

The Trustees and Staff can take special pride in this product of the Child Health Program, itself conceived as a means of giving instruction to young doctors on the care of the child in the setting of his own family. The study was conducted by a pediatrician, social worker, research assistant, and child group worker and supported by the Public Health Service of the Department of Health, Education and Welfare. While many agencies are interested in accident prevention, few have gone to such lengths as in this study to explore the question, "Why did this accident happen?" The study presents in a preliminary way some original findings which, with future extension into other age groups, are bound to have a significant influence in child safety programs. They already have become the basis for revision of the *Accident Handbook*, a handy brochure for parents of which the Hospital distributes tens of thousands and—we hope, in the future—hundreds of thousands of copies each year.

The Accident Study

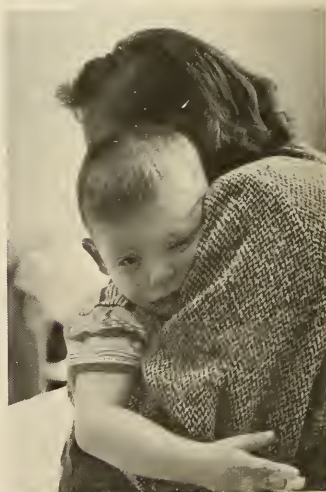
In 1961, The Children's Hospital admitted 406 children hurt in accidents, as follows: skull fractures and head injuries, 30.2 per cent; general trauma, 20.4; other fractures, 19.2; poisoning, 11.8; burns, 9.2; and breathing in of foreign bodies, 9.2. The 186 pre-school children in the group were singled out for intensive investigation. Head injuries predominated in this group, the great majority being due to falls.

Under three, boys and girls were indistinguishable in the number and types of accidents befalling them. Beyond three, boys tended to predominate; they were more often involved in accidents with vehicles, whereas more girls were admitted for poisoning.

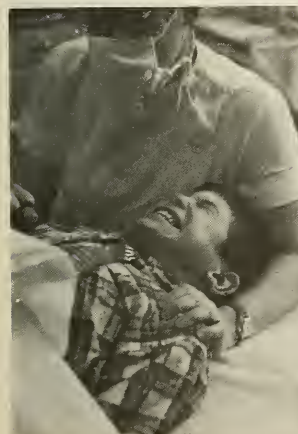
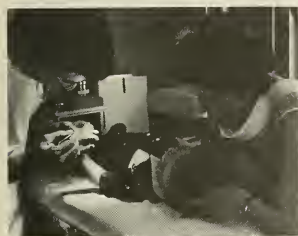
One of the most surprising findings was that less than one-quarter of the more severely disabled children were given first aid; indeed, less than half of the parents were "very concerned" about the injury at the time it was discovered, regardless of its severity. This relative indifference seems to reflect a philosophy that "accidents will happen" and are a normal part of childhood.

As an example, the authors—Dr. Roger J. Meyer, Mrs. Henri Ann Roelofs, Mrs. Joanne Bluestone, and Miss Sandra Redmond—cite the case of Barbara, fourteen months old, who had just begun to walk. She died of a skull fracture and blood clot on the brain, despite surgery, two days after falling over a toy and striking her head on the refrigerator. She stopped crying about ten minutes after the accident and her mother took her to the market. The child became increasingly lethargic as her mother completed her errands and, shortly after their return home, became unconscious.

Injuries from blows and falls occur more frequently in spring and summer. Those involving vehicles cluster in the July-October period.



Beyond the first year, accidents are the greatest killer of children.



In 1961, The Hospital admitted 406 children hurt in accidents.

Poisoning is far more frequent in fall and winter. Burns were concentrated in the months from January to June in this sample. Accident injuries to children reach their high on Thursdays, Fridays, and Saturdays and a low on Sundays. The most dangerous time of day, particularly for falls, is from 3 to 6 o'clock, preceding the evening meal. Street injuries and burns reach a peak between noon and dark. The home itself is the most frequent site of childhood accidents, and these usually occur when the mother is distracted or out of the house.

The following is a quick summary of significant factors predisposing to accidents:

ACCIDENTS WILL HAPPEN MORE OFTEN

- . . . When children are hungry, that is, just before mealtime.
- . . . When children are tired, before naps or toward the day's end.
- . . . When children are in the care of persons not familiar with their routine.
- . . . When mothers are ill, pregnant, or about to menstruate.
- . . . When other family members are ill and attracting attention.
- . . . When the child's environment suddenly changes, often at moving or vacation time.
- . . . When the family is under particular stress or tension.
- . . . When a child is known to be hyperactive or to have had frequent accidents or near misses.
- . . . When parents lack understanding of what to expect at particular stages of child development.

While it is true that many of these situations are unavoidable, it is believed that general awareness that these are danger signals would aid tremendously in the reduction of injuries to children.

Death as a Source of Knowledge

Few annual reports of hospitals, even those with a major interest in teaching and research, deal in detail with what goes on in their pathology departments. The public does not usually visit this department, concerned with the structural and functional nature of diseases that can be detected in the body's tissues and organs. But there are good reasons for calling attention to the immense value of postmortem examinations as a research tool. Often the end of life constitutes the beginning of knowledge; at The Children's Hospital, postmortem examinations have been basic sources of scientific knowledge about the great killers of children—accidents, cancer, congenital malformation, and infectious diseases—as well as in the recognition and treatment of other diseases previously unidentified or poorly understood.

The death of a child, as already indicated, is an infrequent event even in a hospital that attracts the sickest, as The Children's does. It involves an inexpressibly poignant interplay of emotions, shared by the doctor with the parents. Beyond grief is the question facing the re-

sponsible parent and the conscientious pediatrician of whether all that could be done was done to avert this loss. It attests to the good relationship of doctor and parent, as well as to the scientific interest fostered at this Hospital, that in 1961 permission was granted for postmortem examinations in 291 cases, or 83 per cent. A rate of this magnitude is considered by hospital standard setters as a mark of distinction. According to the *Journal* of the American Medical Association (Sept. 2, 1961), The Children's Hospital Medical Center ranked tenth in this respect among the nation's voluntary hospitals, and was the only Boston hospital in the first twenty.

Medical science, with the pathologist as expert witness, puts itself on the spot in the autopsy room. The overhanging questions are nagging. Why did this child die? Was the diagnosis correct? Was all possible treatment given? Did it do any good? Did it do more harm than good?

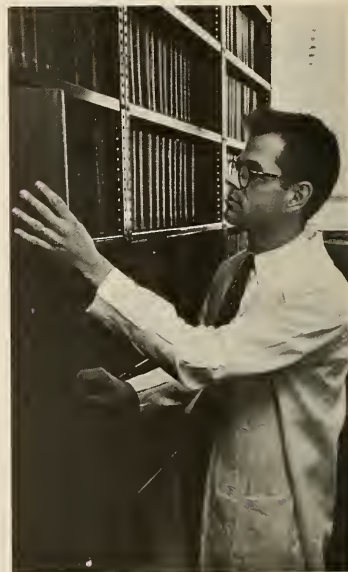
It is worth a visit to a small room in the Pathology Department, on the first floor in Building C, to see the walls lined with 520 volumes of autopsy records bound in red, a nearly continuous record of approximately 7,800 deaths from 1914 on. Each postmortem examination report occupies from twelve to fourteen pages; even the most routine examination of this sort represents a \$200 investment in knowledge by the Hospital, inasmuch as autopsies are done free of charge.

While most of our teaching and research programs had recourse to it, we cannot say, for the sake of this report, just what contributions to science were made in the C.H.M.C. autopsy room in 1961. The growth of knowledge does not necessarily fit into a fiscal year. It is possible, however, to indicate the scientific impact of autopsies historically.

The late Dr. S. Burt Wolbach, Harvard professor of pathology and father of the President of the Board of Trustees of The Children's Hospital, gave the Pathology Department its first great impetus nearly fifty years ago. Dr. Wolbach did classic work in demonstrating the true nature of certain childhood diseases, such as rickets, as vitamin deficiencies. His pupil, Dr. Sidney Farber, in 1927 became The Children's first full-time pathologist, and developed the Department into the world's largest and most active research and teaching center in pediatric pathology.

Great clinicians of the 1930's were powerless to explain many of the deaths in children that they witnessed. At The Children's, the young doctors turned to the pathologist for help in searching out the causes, and then devised methods of diagnosis and treatment to combat the disease while there was still time. Much of the basic knowledge that made it possible for the Hospital to pioneer at the pediatric level in the fields of brain, heart, orthopedic, and abdominal surgery, in metabolic disease, and in cancer detection and treatment, was discovered in the Pathology Department.

Postmortem discoveries, it has been remarked, quite possibly have saved the sanity of some parents. In the 1930's, before the antibiotics, it



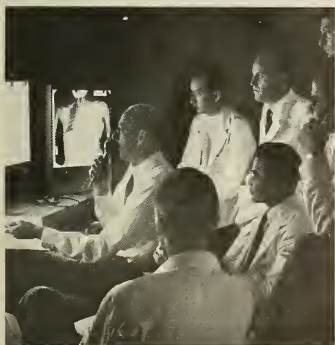
Dr. Vawter in Autopsy Record Room.



X-ray diagnosis.



Lung findings in cystic fibrosis.



Dr. Neuhauser and students.



Megacolon.

was a common thing for a small child to develop a sudden high fever and die within a few hours. Grief-stricken parents sometimes abused themselves for fancied lack of attention to the child immediately prior to the attack ("I heard him cry once during the night, but I waited to see if he would stop, and he did; now he's dead"). Postmortem examination of the brain revealed a swelling there—cerebral edema due to a fulminating infection. This, not suffocation or neglect, caused death.

An autopsy performed the Saturday before Labor Day 1938 on a seven-year-old Quincy boy who had died of "a peculiar polio" provided first proof, with the aid of bacteriologists, that equine encephalitis is a disease not only of horses but humans. "A pay-off from the custom of being around weekends," remarked Dr. Farber.

The Hospital's Radiology Department has diagnosed well over a dozen new—that is, previously unidentified—diseases. The penetration of the living body with a beam of x-rays and the production of a shadow-graph film would seem far removed from the autopsy room. On the contrary, the identification of these diseases has depended on an interplay of interests between radiologist and pathologist.

For example, it was Dr. Edward B. D. Neuhauser, Radiologist-in-Chief, who translated what pathologists had seen in the lung tissues of children who had died of cystic fibrosis into x-ray diagnosis of cystic fibrosis in living patients. The fundamental pathological peculiarity of the disease, first recognized at The Children's by Dr. Farber, is that fluids produced by the mucus-secreting organs of the body are abnormally thick. Pathologists saw that the main cause of death was mucus plugging and over-expansion of the lungs. Dr. Neuhauser felt that it ought to be possible to produce chest films that would bring this disorder into view at the time the disease first presented itself. It was possible, although it required refined x-ray techniques, because the soft tissues of the body do not show up as well as do bones.

Cross-fertilization in scientific research is, of course, a much-remarked phenomenon. So it was that Dr. Neuhauser in turn was able to lead the pathologists to the cause of megacolon, in one of his most important contributions. Megacolon is a disease in which severe constipation is associated with a ballooning of a segment of the lower bowel. It usually occurs in children, as a congenital anomaly, and causes an abnormally large abdomen and stunted growth. Both cause and cure had remained a mystery until about twelve years ago. Investigators had been thrown off the track by concerning themselves with the thickened tissue at the point of swelling. The radiologist suggested that the pathologist make a microscopic examination of tissue taken from the narrowed bowel just below the "balloon." Examination revealed an inadequate supply of nerve cells at this point, causing a break in the rhythmic contractions that move along the colon and impel its contents forward. Dr. Orvar Swenson, then at The Children's Hospital in Boston, now at the Children's

Memorial Hospital in Chicago, in 1950 devised an operation to correct the problem. He removed the collar-like segment lacking in nerve control and rejoined the normal parts of the colon. The result was normal function and a cure of one of the most common diseases of the large colon.

Surgical Research

One aim of pediatricians of a half century or more ago was to protect the small bodies of their patients from invasion by surgeons—a resolve so steadfast that the old-time children's hospitals did not have departments of surgery. When family doctors concluded that a child needed surgery, they sent him to a general hospital. Unfortunately, surgeons experienced in working with adult patients did not know the diseases of childhood, as they manifested themselves in fast-growing bodies.

One of the great all-time contributions of The Children's Hospital was to demonstrate that the pediatric surgeon, working in close collaboration with the referring pediatrician and the pathologist and radiologist, could use the assembled diagnostic information to save lives of children that were being lost in the general hospitals of former times.

The story of heart surgery at The Children's Hospital has been told many times. Dr. Robert E. Gross, a quarter of a century ago, was the first to do successful operations on the great vessels of the heart in children. The more recent development of the heart-lung machine has enabled heart surgeons to work inside the heart—more than 700 open-heart operations have been performed here in the past ten years.

The story of neurosurgery at The Children's is much the same (as is that of modern orthopedic surgery, under Dr. William T. Green), but is not so well known to the public.

As a student of Dr. Harvey Cushing, who founded modern brain surgery at the Peter Bent Brigham Hospital, Dr. Franc D. Ingraham in 1929 took up the specialization of surgery of the brain and spinal cord in children. Dr. Ingraham developed special techniques for removing the fluid and blood clots that sometimes formed between the skull and brain of young children following head injuries.

At first, some authorities denied the possibility that children might have the same benign and malignant tumors of the brain and spinal canal as do adults. The opening of a child's skull struck many as a rash venture. Finally, hardly anyone believed there was much to be gained. As late as four years ago, Dr. Donald D. Matson, who first joined Dr. Ingraham in 1942, observed: "There is a widespread impression among the pediatric and general medical profession, and perhaps among the lay public as well, that virtually all intracranial tumors in early childhood present a hopeless outlook for useful survival or for normal growth and development." He remarked that the impression probably came from the inoperable cancers of the brain now commonly diagnosed in the five-to-ten-



Dr. Donald D. Matson.



Brain surgery.

year age group. However, he went on to point out that nearly half of the brain tumors seen at The Children's Hospital were benign and therefore theoretically curable, if they could be totally removed.

Dr. Matson in 1958 presented the results in 110 cases in which he had removed benign tumors over a ten-year period. Ninety-three were alive and fifty-four were completely normal; an additional thirty-three had only mild neurological disabilities; only seven were severely handicapped. The surgical death rate had been 5.5 and the later deaths 10 per cent.

In short, the outlook for cure of a child with a brain tumor, taken as it comes, benign or malignant, has been shown to be in the neighborhood of 40 per cent.

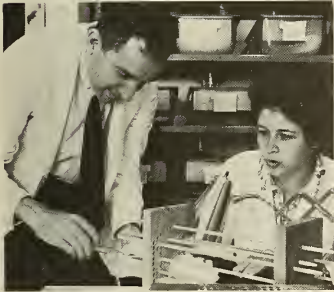
Advances against one type of benign tumor, craniopharyngioma, were particularly accelerated with the aid of the Department of Medicine's Endocrine Laboratory and Clinic. This tumor is an abnormal outgrowth of an embryonic duct leading to the pituitary gland at the base of the brain.

Dr. Cushing in 1932 had called craniopharyngioma "the most baffling problem" of brain surgery. Dr. Ingraham between 1932 and 1945 operated on sixteen patients with this tumor, but the majority soon died. Seldom could the tumor be totally removed because it is commonly seated in a vital regulatory center for the entire body; radical surgery tends to upset the pituitary's output of adrenocorticotrophic hormone (ACTH), leaving the adrenal gland cortex without stimulus to produce sufficient cortisone to meet postoperative stress. Thus, blood circulation collapsed and the patient died.

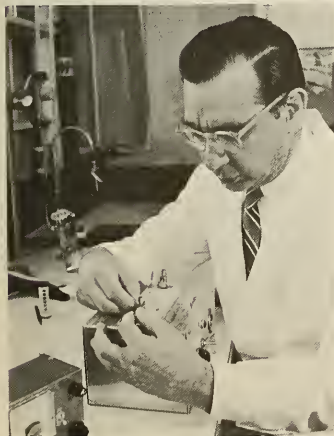
In 1960, Dr. Matson and Dr. John F. Crigler reported an important advance—the treatment of each patient with cortisone in combination with total removal of the tumor. Drs. Matson and Crigler have treated eighteen craniopharyngioma patients over a ten-year period. Eleven were rehabilitated, three were still serious problems, and four were dead. Most patients require continued hormone treatment, but their growth and development are otherwise normal. In sum, it is the job of the neurosurgeon to save their lives and the job of the endocrinologist to keep them alive. They have enjoyed major success against a disorder with a virtually hopeless outlook only fifteen years ago.

Cystic Fibrosis

Dr. Harry Shwachman's Nutrition Clinic carries on a treatment program for 600 children with cystic fibrosis, the largest of its kind in the nation. Prior to 1945, this disease of childhood was regarded as incurable. Since then, life has been prolonged and patients have grown to maturity. In 1961, Dr. Shwachman scored a further advance in the perfection of the sweat test, a basic tool in the diagnosis of this metabolic disease affecting pancreas and lungs. Early diagnosis of cystic



Dr. John F. Crigler with Miss Audrey L. Fisher.



Dr. Harry Shwachman.

fibrosis is vital, for failure to make it and institute treatment may shorten the victim's life. The discovery that the patient's sweat is abnormally high in salt was made in 1953 at Columbia-Presbyterian Hospital.

In 1955, Dr. Shwachman and his associates introduced the first practical method for testing the salt in a patient's sweat; it required encasing the patient in a plastic bag and covering him with blankets for an hour, to produce the sweat to be analyzed. The next year, he devised a simple screening test as a preliminary step to final diagnosis; if the child's fingerprint, captured on an agar plate, turns a grayish white there is a strong possibility that he has cystic fibrosis.

A former Children's Hospital resident, Dr. Lewis E. Gibson, while at the National Institutes of Health, in 1959 developed a simpler and less uncomfortable diagnostic test. The sweat glands in a small area of the forearm are stimulated by a drug forced into the skin by a weak electric current and perspiration is captured in a two-inch square of gauze taped on the arm; after a half hour the contents are analyzed for salt content.

Since the electrical conductivity of water varies with its salt content, Dr. Shwachman for several years looked for a way for quick analysis of a drop of sweat using this approach. Last year, a fellow pediatrician suggested a device for accomplishing such an analysis. The necessary materials were obtained for twenty dollars from a radio store on a Friday and the instrument completed by Sunday. Now ready for manufacture, this electrical gadget shows great promise.

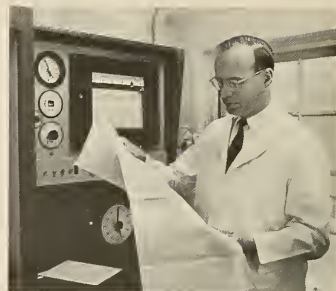
Collaborative Mother-Child Study

The Children's Hospital, together with its close neighbor, Boston Lying-In Hospital, is one of fifteen medical centers cooperating with the National Institute of Neurological Diseases and Blindness in a long-term, nationwide, mother-child study concerned with neurological disorders of infancy and childhood. These include cerebral palsy, mental retardation, congenital defects of the nervous system, and congenital deafness and blindness. Some 250,000 babies are born each year with these disorders.

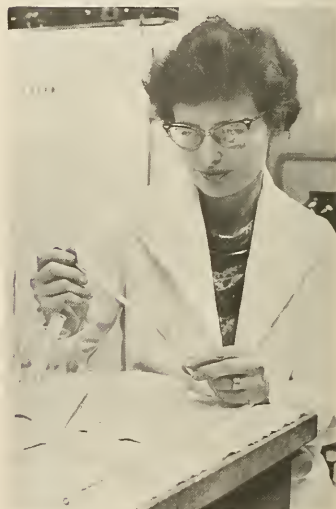
The primary object of this Collaborative Perinatal Research Project, already in operation for more than five years, is to uncover clues to causes. Teams of medical and allied scientists throughout the country study expectant mothers from early pregnancy through childbirth and then examine their babies periodically from birth through school age. Thus far, more than 240,000 mothers and 18,000 children have been examined.

While the study will continue for some years, and all findings to date are considered preliminary, a special report from the National Institute in Bethesda indicates the importance of this research, ultimately to cost \$11,000,000. One concern is the premature infant, defined as a baby weighing less than 5.5 pounds at birth. Prematurity is an important factor in brain damage and infant mortality.

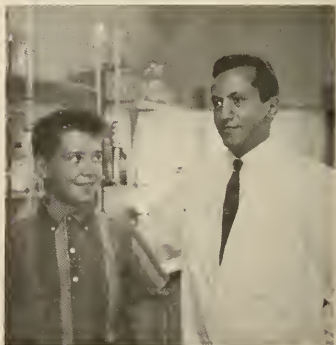
Data on 7,500 mothers showed the incidence of prematurity to be



Dr. Park Gerald.



Dr. Mary Louise Efron.



Dr. N. T. Shahidi and patient.

significantly higher among babies of expectant mothers who smoked, the decrease in birthweight being proportional to the amount of smoking.

One of the functions of the collaborative study is production of much-needed information on the pattern and rate of growth and development of the various parts of the brain. This is an extension of a singular project carried on in the C.H.M.C. Pathology Department by Dr. J. LeRoy Conel. Since 1931, Dr. Conel continuously has been making microscopic observations of the development of the nerve cells in the cortex of the brains of children from zero to six years old. The Harvard University Press already has published six monographs, carrying these studies through the age of two.

Blood Research

Blood, which reflects the presence of more diseases than any other tissue of the body, is also one of the easiest to sample and study. At The Children's Hospital, as at Harvard Medical School and in medical science in general, blood long has been one of the most active fields of research. It encompasses susceptibility and resistance to infections, the many different kinds of anemia, leukemia and other blood cancers, the effects of heart and kidney disease, and in its composition furnishes not only general indicators of health or disease but also specific genetic markers for a host of congenital disorders.

It will be difficult to capture in a few words the extent or excitement of blood research carried on here under Dr. Louis K. Diamond and Dr. Charles A. Janeway. Since 1927, the Hospital has had one of the foremost Hematology laboratories and, since 1942, its Blood Grouping Laboratory has been one of only six of its kind in the world. In 1961, construction of an addition, a new Hemoglobin Laboratory, was completed to house the research of Dr. Park Gerald and Dr. Mary Louise Efron. In these laboratories, with their strong interest in genetics, have arisen the speculation that some day pediatric science may be able to tell the parent at the time a child is born some of the diseases he may or may not have to worry about during his life.

The following are two of many examples of blood or blood-related research at the Hospital, which historically shares credit for originating the technique of exchange transfusion (1946), a procedure that has reduced death in infants who have an Rh incompatibility with their mothers' blood from 50 to 5 per cent:

Aplastic anemia. In 1961, Dr. Diamond and Dr. Nasrollah T. Shahidi reported success in arresting aplastic anemia in sixteen of twenty-four children seen during the preceding two years. Aplastic anemia, hitherto virtually 100 per cent fatal, is a rare disease caused by a failure of the bone marrow to produce red blood cells, white cells, and platelets (coagulants). The affected child becomes highly susceptible to any kind of infection and, due to a breakdown in the blood-clotting mechanism,

Dr. David Gitlin.



may bleed to death if injured. In the previous twenty years, only two of forty cases had improved temporarily, and only one survived as long as four years.

Drs. Diamond and Shahidi noticed that two boys with aplastic anemia showed spontaneous improvement as they entered puberty. The scientists suspected that an increase in testosterone, the male sex hormone, was responsible. They also noted reports that women with breast cancer treated with testosterone showed an increase in red blood cell production. Hormones from the cortex of the adrenal gland had been used in related anemias with some success. They now tried testosterone in combination with cortisone and saw dramatic results. Seventy per cent of a group of thirty such patients are now alive and well four years after treatment. The doctors are now searching for the specific factor in testosterone that stimulates blood formation; the hormone, of course, has many other effects, including capacity to grow facial hair and to deepen the voice temporarily.

Hypogammaglobulinemia. Dr. Janeway and Dr. David Gitlin were among the first, ten years ago, to study this disease with the non-stop name referring to a failure, or insufficiency, in the blood's capacity to form antibodies against infections (gamma globulin). The disease, which not only constitutes a rare congenital defect in certain children but also plays a role in one-third of adult cases of a common form of leukemia deaths, proved controllable during infections with intensive antibiotic treatment and with adequate gamma globulin replacement injections. Patients who would have died a decade ago remain alive now.

Of equal importance, hypogammaglobulinemia provided a springboard for Dr. Gitlin's further research on blood proteins, a subject of vast clinical consequence because of the more general fact that proteins are the basic building blocks of life and play intricate roles in health and disease. In the first two or three months of life, the infant reaches an immunological crossroads when his mother's antibodies disappear from his blood and he is not yet making antibodies of his own to replace them. Dr. Gitlin and his associates found that, to complicate matters, 90 per cent of babies are born without resistance to certain common bacteria that normally dwell in the colon; this leaves the newborn easy prey for epidemics in infant nurseries.

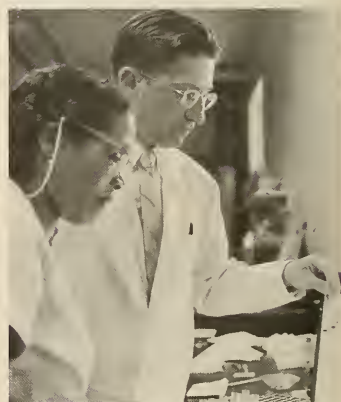
The basic explanation of the susceptibility, as they showed, is that, of at least three different types of antibody molecules, one group carrying immunity against the above bacteria do not pass through the placenta wall from mother to child. Thus, it would appear that preparation of gamma globulin for use as preventive treatment might help to reduce infant mortality considerably.

A Note of Regret

At the outset, we had hoped to make this an all-inclusive report of



Dr. Francis X. Fellers, head of kidney research program.



Dr. Benedict F. Massell, head of rheumatic fever research program, with Mrs. Helen Dockett.

what is going on in research at The Children's Hospital Medical Center. As far as we know, this never has been done, leaving many friends of the Hospital with no means for comprehending the full range of our research story. Unhappily, the hope has not been fulfilled here, for it has proved impossible to cover more than a few of the projects and programs in a report of reasonable length. What have been offered are simply a few highlights.

An Administrative View of Research

Reviewing C.H.M.C. research grant activities for 1961, Mr. Arthur W. Smith, Special Fund auditor, reported that seventy-seven members of the staff were engaged in 106 research projects totalling more than \$1,200,000 in grants. The total is exclusive of training grant activities, which in the Treasurer's Report are combined in the total of \$1,793,462 received and expended for research and education.

The above research activities are also exclusive of the affiliated program of The Children's Cancer Research Foundation, totalling \$1,500,000, and of the Judge Baker Guidance Center, totalling \$50,000 (plus \$219,000 in research training and demonstration project grants). Grants received by the Department of Medicine through Harvard Medical School also are excluded; these, combining research and education, total \$340,000.

The largest sources of research grants are of interest. They are the National Institutes of Health and Public Health Service, John A. Hartford Foundation, National Foundation for Neuromuscular Diseases, U. S. Department of Army, and the American and Massachusetts Heart Associations. Research grants from N.I.H. totalled \$653,000 in 1961.

A space utilization survey made by the Controller's Office showed that 33,000 square feet, or approximately 11 per cent of all usable space, in C.H.M.C. buildings is occupied by research laboratory facilities. This does not count about 5,000 square feet of space temporarily occupied by C.H.M.C. research activities in the Jimmy Fund Building by special arrangements with C.C.R.F.

Mr. Held's Divisional Cost Analysis Report for 1961 computed a \$320,000 contribution to the research and education program from C.H.M.C. General Funds, in the form of overhead support. Administrative costs were calculated by allocation of total operating loss on the basis of square feet of space occupied by assigned activities.

The Controller reported as follows on Special Fund areas:

Direct expense of research, education, and other fund purposes, \$1,793,000 for the fiscal year ended September 30, 1961, were wholly supported by Special Fund Grants. However, indirect expenses of general administrative and occupancy overhead of \$424,000, were reimbursed to General Funds only to the extent of \$104,000. Some of the grants reimburse the Hospital at the rate of 8 per cent



Exchange transfusion.

for National Institutes of Health Training Grants; 15 per cent for National Institutes of Health Research Grants; 20 per cent for Army Contract Research. However, many grants provide no reimbursement. It is important to note that:

reimbursement to general funds averaged	6%
but reimbursement required to cover overhead, based on this report, is	24%

The 1961 cost analysis, the first of its kind to be made here, clarifies two perennial questions about the role of the Hospital in research and of research in the Hospital:

1. Scientists, caught in a perpetual chase for funds to assure the economic security and continuity of their work, and often denied opportunities for funds because of lack of required space, sometimes have complained that the Hospital contributes little or nothing to the support of their research. This is not so. It is regrettable, to be sure, that the financial position of the institution is such that it cannot contribute more, as an investment in the future of child health and in our position as a world pediatric center, it being apparent that the Hospital's greatest, albeit intangible, asset lies in its research contributions and the renown they have brought it.

2. Administrators and Trustees, faced with a growing deficit and its inroads on capital, and rightfully concerned for the financial future of the Corporation, sometimes have felt that too much emphasis has been placed on a non-patient care area—that is, research. The cost analysis showed that the greatest operating losses are in patient care areas (in-patient, \$761,000; out-patient, \$565,000) and that the smallest in the research area.

Notwithstanding the evidence, pro or con research, all should agree that it is in the interest of both the institution and of research that higher Federal and foundation reimbursement of indirect (overhead) costs of research be vigorously pursued.

In this respect, we find ourselves in full accord with Dr. James A. Shannon, Director of the National Institutes of Health:

"We must go further down the road in partnership with institutions so that the requirements of the institutions themselves are satisfied quite apart from satisfying the requirements of the individual scientists that comprise these institutions." (*Medical World News*, April 27, 1962)

As this report would imply, it would be ideal if we could satisfy both.

GREER WILLIAMS
(As Acting Director)



Family Care Program.



Surgical Appliance Shop.

Prince Mashhur, son of King Saud of Saudi Arabia, who came to The Children's Hospital for a hand operation (tendon transplant) developed here by Dr. William T. Green, Orthopedic Surgeon-in-Chief.



CHANGES

Institutions and Individuals

Mr. Joseph P. Greer, Director since 1959, in October announced his resignation, to become effective on February 1, 1962. (Mr. Greer Williams succeeded him for the interim period prior to the appointment of Dr. Leonard W. Cronkhite, Jr. as General Director, effective on April 15, 1962.)

Harvard Medical School in October announced the establishment of the Bronson Crothers Professor of Neurology at Harvard and The Children's Hospital. The new Chair (and new Department of the Hospital) was made possible through an anonymous gift to the Hospital subsequently conveyed to Harvard for the above purpose. Dr. Crothers was a neurologist at The Children's from 1920 to 1959.

The Trustees of the New England Peabody Home for Crippled Children in December announced that they would liquidate the Home's property and give the proceeds to establish a Peabody Clinic for crippled children at C. H. M. C. At the same time, the Trustees gave Harvard Medical School a gift of \$1,000,000 to establish the Harriet M. Peabody Professorship and support a department, the first recipient to serve in orthopedic surgery at The Children's Hospital.

In May, the Hospital's modern in-patient facility, completed in 1956 and informally known as Building B, was dedicated as the John Wells Farley Building, in honor of the late Mr. Farley, who was President of the Board (1944-52) and Chairman from 1952 until his death in 1959. It was Mr. Farley who conceived the Hospital as the nucleus of The Children's Medical Center and led the fund-raising drive for the new building.

Mrs. Barbara Patterson, M. A., became Coordinator of Patient Education and Recreation Services for the Hospital in March.

Dr. Elizabeth Makkay, a member of the staff at the Judge Baker Guidance Center since 1952, was appointed Associate Director at Judge Baker in February.

In Memoriam

Miss Helen Z. Gill, Executive Director of the Household Nursing Association and President and Treasurer of The Children's Hospital Nursing Alumnae Association, died on January 18.

Miss Marion W. Hall, Director of Social Service Department of The Children's Hospital from 1941 until her retirement in October 1960, died on March 24.

Dr. Thomas H. Lanman, longtime Visiting Surgeon at The Children's Hospital, where he developed new methods for dealing with urological disorders of infancy and childhood, died on March 25.

Mr. Edward E. Roberts, who retired in 1960 after ten years as head of the Surgical Appliance Shop, died on May 4.

Mr. F. Murray Forbes, a Trustee of The Children's Hospital from 1918 until his death, died on November 24. At various times he was Secretary, Vice President, and Assistant Treasurer of the Board of Trustees. His son, F. Murray Forbes, Jr., is the present Treasurer.



Mrs. David Wilder, right, with Mrs. John W. Farley.

WOMEN'S COMMITTEE OF THE CHILDREN'S HOSPITAL MEDICAL CENTER

Executive Committee, 1961-1962

OFFICERS:

Mrs. David Wilder
CHAIRMAN

Mrs. Albert Pratt
Mrs. Joseph T. Ryerson, Jr.
VICE-CHAIRMEN

Mrs. Randolph K. Byers
CORRESPONDING SECRETARY

Mrs. Richard C. Knight
RECORDING SECRETARY

Mrs. T. C. Haffenreffer, Jr.
TREASURER

MEMBERS:

Mrs. Weston W. Adams
Mrs. Charles F. Batchelder
Mrs. Byron K. Elliott
Mrs. Frank Gerrity
Mrs. Hans J. Kroto
Mrs. Jacob Wallace
Mrs. Sidney H. Wirt
Mrs. Kenneth W. Warren
Mrs. Frederick R. Weed

Mrs. Charles F. Hovey
FORMER CHAIRMAN

Mrs. George P. Buell
CHAIRMAN OF NOMINATING COMMITTEE

Mrs. Robert B. Almy
CHAIRMAN OF VOLUNTEER SERVICE

REPORT OF WOMEN'S COMMITTEE, 1961

Annual reports are, of necessity, packed with statistics and figures. Somehow they do not reveal the true warmth and loyalty of people—the vital human denominator. This is especially true of our Women's Committee. My first year as Chairman has been a particularly informative one. The collective achievement of many women who donate their valuable time and efforts is outstanding.

With the expanding needs of The Children's Hospital Medical Center, the scope of our committee increases. In 1961, the administration made a visible effort to pull together the many facets of this Hospital to create a happier relationship between patients, parents, staff, personnel, Trustees and volunteers. It has been our privilege and pleasure, primarily as a service group, to meet these demands and provide special services for special events.

At an impressive ceremony on May 4, 1961, Building B was dedicated to John Wells Farley, former President and founder of the Children's Medical Center. The tea that followed was served by the Women's Committee in the Prouty Garden. On May 9th I attended the Hospital Bowling Banquet and presented a trophy in the name of the Women's Committee. On May 12th we cooperated with the Hospital in providing a tea that followed the ceremony of granting service awards to employees, according to their years of service. This year's volunteer party took place on May 16th at Gardner House. The many hours and years of devoted service were recognized with pins and special certificates. Dr. Stewart H. Clifford gave a stirring report with slides on his trip to Russia to study maternal and child care. About 175 people attended this successful affair. We assisted with the arrangements planned by the Volunteer Department. For the benefit of the Department of Patient Education and Recreation we financed the program of the Stagemobile of the Children's Theater group. On August 7th "The Three Little Pigs" was presented in the Prouty Garden, to the delight of the young patients. On September 17th I had the honor of attending the

Nurses' Graduation, a very moving ceremony. Our committee provided the flowers.

In addition to these special occasions, the Women's Committee has contributed to the social activities within the Hospital. For the House Staff and student nurses, we supplied free tickets to the theater, Symphony, Pops, baseball, hockey, and other events—a new service which has been enthusiastically received. Miss Rutherford handled the complicated planning and purchasing with great efficiency. Our annual Christmas Tea for doctors and nurses at Gardner House was a festive affair, with music by Ruby Newman's orchestra. We continued our close relationship with the Staff Wives' group by financially assisting with their fall dance and their picnic in honor of the outgoing staff on June 4th at the Soule Recreation Center. We also supported the Hospital picnic for the incoming House Staff on July 22nd at the Roxbury Latin School. The Hospital employee picnic, an annual event which we happily underwrite, was held at Houghton's Pond in September. Of course, our monthly teas for the nurses and weekly coffees for parents and foreign visitors continued with regularity.

Outside activities included attending the meetings of national and local hospital associations. A rather violent winter restricted our monthly meetings. We were "snowed out" in December and March. However, we were fortunate to have a number of interesting and fine speakers who gave generously of their time to keep us currently informed of their area in the Hospital.

Financially speaking we have done rather well. Our gross receipts of \$34,110.04 are the highest to date, which is very gratifying. The outside activities of the Daffodil Fair, the Cohasset Music Festival, the Cataumet Hospital Week, and the Dedham Skating Party account for \$7,413.98. How much we appreciate the superb efforts of these community groups! Our Lunch Shop, Gift Shop, Thrift Shop, and Yankee Bookstall have netted \$22,325.94, a particularly handsome sum. Dues, Remembrance Fund, donations and library contributions make up the balance of \$4,380.12. From the total

amount, we contributed \$4,791.49 to the Hospital Building Fund, \$410 to Social Service, and \$13,500 to the Hospital for requests from various departments and support to the Department of Patient Education and Recreation. Various activities, which we call "yearly obligations," accounted for \$2,009.70; miscellaneous gifts and services cost \$2,368.84. These amounts have noticeably increased as we continue to provide more services to the Hospital. Naturally, expenses of salary, supplies, flowers, travel expenses, amounting to \$5,303.35, have also risen. It is interesting to note that only ten years ago receipts were less than one-half of what they are now. Of course, our expenses were infinitely less, too.

REPORT OF THE SUBCOMMITTEES

Christmas Window Painting—Chairman, Mrs. George H. Sweetnam. This talented committee of ten painters continues to cover the Hospital windows with charming Christmas angels, Santas, and reindeer—the delight of both the young patients and the adult personnel of the Hospital.

Decoration Committee—Chairman, Mrs. Kirke A. Neal. This new committee has been very active in redecorating Dr. Green's conference room, Dr. Flake's reception room, and the Out-patient admitting area. The foreign nurses are pleased with their new kitchen at their Peabody Street Home, which was ably supervised by Mrs. Joseph T. Ryerson, Jr.

Gift Shop—Chairman, Mrs. H. Raymond Wilkinson. The Gift Shop has once again had a wonderfully productive year. It has given the Hospital an essential service and contributed to the Women's Committee the handsome sum of \$5,000.

Girl Scouts' Committee—Chairman, Mrs. George A. Clapp. The innumerable scrapbooks, oilcloth animals, and other toys made by the Girl Scouts help divert our sick children. This is a quiet service, very welcome, and much needed.

Holiday Committee—Chairman, Mrs. Stephen Little. Hoodsies and tray favors were provided for the nine holidays. Wellesley and Needham Girl

Scouts and the Boston and Weston Junior Red Cross made the favors.

Hospitality Coffees—Chairman, Mrs. Sidney H. Wirt. From October to May, 553 parents—representing 17 states and 24 foreign countries—came to the weekly coffees held on Wednesday afternoons. This committee, assisted by the Lunch Shop, reports that the enthusiasm and gratitude expressed by the parents make their efforts extremely worthwhile.

Hospitality for Foreign Nurses—Chairman, Mrs. Sherman R. Thayer. Throughout the year, Mrs. Thayer has personally been responsible for the entertainment of foreign nurses. Also, the remodeling of the Peabody Street kitchen and dining quarters has permitted this group to enjoy their own international cooking.

Knitting Committee—Chairman, Mrs. Francis A. Harding. In spite of the loss of several knitters, 142 pieces were knitted for the children by faithful members of this committee. These articles include sweaters, mittens, bonnets, caps, booties, socks, blankets, and afghans.

Library Committee—Chairman, Mrs. Kenneth W. Warren. There were 1,678 hours given by dedicated ladies to the Hospital this past year. More than 3,100 books have been distributed from the Patients' Library and more than 1,600 books from the House of the Good Samaritan Library to our young patients. Twenty-two children received Five-Book State Reading Certificates and three children received Twenty-Book State Reading Certificates. Discarded books have been sent again to the Ranfurly Out-Island Library in the Bahamas and to Morgan Memorial Goodwill Industries. Two hundred and seventeen new books have been added to the excellent domestic and foreign books which develop the international tastes of our patients.

Lunch Shop Committee—Chairman, Mrs. Samuel S. Stevens. Although hampered by a number of calamities, the Lunch Shop has scored again with its invaluable service and a magnificent contribution of \$9,000—the highest to date. The abundance of customers necessitated a change in policy. Prices

were raised. However, a children's lunch was established at thirty-five cents.

Membership Committee—Chairman, Mrs. George P. Buell. Mrs. Buell reported a total membership of 539; 44 are new members, of whom nineteen are Active and twenty-five Associate Members. We regret the loss of sixteen members; five died and eleven resigned. This committee makes special efforts to welcome new members personally, set up a tour of the Hospital, and outline the work of both the Women's Committee and the Volunteer Services.

Nurses' Teas—Co-Chairmen, Mrs. O. B. B. Rapalyea and Mrs. Donald Harding. The monthly teas continue to be deeply appreciated by the Nursing School and the Nursing Staff. The annual Christmas party for the nurses and doctors is a particularly festive affair.

Photography—Chairman, Mrs. Albert A. Hittel. The enthusiastic letters from parents all over the world confirm the success of this Polaroid project. Somehow, the sickest children are photographed with a smile by Mrs. Hittel.

Staff Wives Committee—Chairman, Mrs. Randolph K. Byers. This active group, newly associated with the Women's Committee, assumes the responsibility of hospitality for members of the House Staff. They assist with housing and a furniture exchange—which is especially helpful to the foreign doctors.

Surgical Dressings—Chairman, Mrs. Joel M. Barnes. These loyal ladies have given 966 hours in the Hospital. With the assistance of three outside church groups, a total of 207,716 dressings have been made this year.

Thrift Shop—Co-Chairmen, Mrs. John M. Alden and Mrs. Rufus F. Walker. The Thrift Shop, with its new chairmen and renewed efforts, have netted \$2,291 for the Hospital.

Volunteer Service Committee—Chairman, Mrs. Robert B. Almy. This committee continues to operate as a liaison between professional and volunteer services. It also assists with the volunteer party in May.

Yankee Bookstall—Chairman, Mrs. Frederick R. Weed. The proceeds of a very successful sale, amounting to \$4,791.49, were contributed to the Hospital Building Fund.

REPORTS OF OTHER UNITS

Children's Mission to Children—Mrs. William B. Ness. This unit continues its invaluable service of Foster Home Placement and Parent Guidance. Also, it provides consultation service to the Child Health Division.

House of the Good Samaritan—Miss Margaret Revere. The House of the Good Samaritan celebrated its 100th anniversary with an open house and special tea. The census of rheumatic fever and rheumatic heart disease has been low, making more beds available for rheumatoid arthritis and other convalescent patients.

Infants' Hospital—Mrs. Charles F. Hovey. Mrs. Hovey reported a very busy year for the Infants' Hospital and the Premature Nursery. The magazines in the waiting rooms and the Baby Tendas are greatly appreciated.

All this is tangible evidence of the wonderful support of our various committees and their efficient and devoted chairmen. Again I thank you for giving so much of yourselves. My particular thanks to Miss Rutherford who has been a pillar of strength throughout this, my first year.

With the changing patterns of medicine and surgery, the constant need for hospitals to adjust to this trend is urgent. No institution can stand still on a reputation, no matter how excellent it may be. We, too, must keep pace with change. I am certain that every one will continue to support these needs of our wonderful Children's Hospital Medical Center.

Respectfully submitted,
MRS. DAVID WILDER
Chairman, Women's Committee

FINANCE COMMITTEE REPORT

At the Annual Meeting of the Women's Committee on November 14th, the Finance Committee presented the following recommendations for funds to be voted:

Proceeds (Yankee Bookstall) to		
Building Fund of the Hospital		\$4,791.49
Women's Committee Obligations		3,725.00
Teas and Entertainment	1,500.00	
Knitting Committee	100.00	
Library Committee	250.00	
Holiday Committee	100.00	
Staff Wives (Dance & Picnic)	750.00	
Hospital Employees' Picnic	250.00	
Hospital Service Pin Award Ceremony	200.00	
Picture Fund	25.00	
Flower Fund	300.00	
Discretionary Fund	250.00	
Received from the Remembrance Fund		
(Paid to Hospital Social Service)		410.00

Items for Contribution

Projector for Teaching (School of Nursing)	50.00	
X-Ray Therapy (Supplies for Equipment)	50.00	
Nursery Equipment for Hospital Wards	120.00	
Bowling League Prizes	50.00	
35mm Equipment to make Microscope Transparencies	250.00	
Executone Equipment (O.P.D.)	425.00	
Fence and Play Equipment (Child Health Division)	150.00	
Staff Wives (Additional Expenses)	200.00	
Redecoration in the Hospital	2,500.00	
Volunteer Office		
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Scholarship Fund (School of Nursing)	1,500.00	
Funds for Tickets	1,000.00	
Student Nurses \$350—House Doctors \$650		
Department of Patient Education and Recreation	6,000.00	
Materials and Equipment \$1,000.00		
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Travel Funds for Medical and Hospital Personnel	500.00	
PH meter (Hematology)	500.00	
Special Camera Equipment (Orthopedic Teaching Purposes)	205.00	\$13,500.00
		<hr/>
		\$22,426.49

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Louis Weinstein, M.D.

STOMATOLOGY

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PHYSIOLOGY

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NEUROPATHOLOGY

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ORTHOPEDIC SURGEON, EMERITUS

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CONSULTANT IN MEDICINE, EMERITUS

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PHYSICIAN, EMERITUS

Eliot Hubbard, Jr., M.D.

SURGEON-IN-CHIEF, EMERITUS

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ORTHOPEDIC SURGEON, EMERITUS

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CONSULTANT IN SURGERY, EMERITUS

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Leroy A. Schall, M.D.

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CONSULTANT IN INFECTIOUS DISEASES, EMERITUS

Conrad Wesselhoeft, M.D.

PHYSICIAN, EMERITUS

Edwin T. Wyman, M.D.

**THE CHILDREN'S HOSPITAL MEDICAL CENTER
FORM OF BEQUEST**

I give, devise, and bequeath to The Children's Hospital
Medical Center, in the City of Boston, and Commonwealth
of Massachusetts, the sum of

.....





